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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/688,717	
	Filing Date	10/16/2003	
	First Named Inventor	Yoshizawa	
	Art Unit	2631	
	Examiner Name		
Total Number of Pages in This Submission	5+	Attorney Docket Number	NAKAM-65802

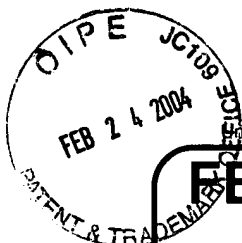
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	4 cited references
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Howard N. Sommers
Signature	<i>Howard N. Sommers</i>
Date	February 19, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Typed or printed name	Howard N. Sommers		
Signature	<i>Howard N. Sommers</i>	Date	2/19/04

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$0.00

Complete if Known

Application Number 10/688,717

Filing Date 10/16/2003

First Named Inventor Yoshizawa

Examiner Name

Art Unit 2631

Attorney Docket No. NAKAM-65802

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number 06-2425

Deposit Account Name Fulwider Patton

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND

Total Claims		Extra Claims		Fee from below		Fee Paid
Independent Claims		-20** =	0	X		0.00
Multiple Dependent		-3** =	0	X		0.00

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) \$0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non - English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR § 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name Howard N. Sommers

Registration No. 24,138
(Attorney/Agent)

Complete (if applicable)

Telephone 310-824-5555

Signature

Howard N. Sommers

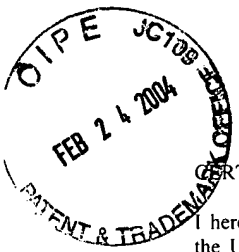
Date

2/19/04

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Howard N. Sommers
Howard N. Sommers, Reg. No. 24,138

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/688,717
Applicant : Masaki Yoshizawa
Filed : 10/16/2003
Art Unit : 2631
Examiner :
Title : GRAVITY CORRECTED SCALE, GRAVITY CORRECTION
INDICATOR AND GRAVITY CORRECTED SCALE SYSTEM

Docket No.: : NAKAM-65802
Customer No. : 24201

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

UNDER 37 § 1.97(b) (1)

Dear Sir:

The documents listed on the enclosed form PTO-SB-08A were identified in the patent application filed herein and are submitted to the Office under 37 C.F.R. §1.97. A copy of the cited document is enclosed. This statement is not a representation that all of the information cited is necessarily effective as prior art against the present application or that a prior art search was performed.

Because this Information Disclosure Statement is filed prior to the first Office action on the merits, no fee is required. The Commissioner is authorized, however, to charge any fees that may be required by this paper to Deposit Account No. 06-2425.

Applicant respectfully requests that the following citations be considered and made of record. It is respectfully requested that the examiner indicate consideration of the cited references by returning a copy of the attached form PTO-SB-08A with initials and/or other appropriate marks.

Respectfully submitted,

FULWIDER PATTON LEE & UTECHT, LLP

By: Howard N. Sommers
Howard N. Sommers
Registration No. 24,138

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Customer No. 24201

41159.1

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet	2	of	2
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Complete if Known

Application Number	10/688,717
Filing Date	10/16/2003
First Named Inventor	Yoshizawa
Art Unit	2631
Examiner Name	
Attorney Docket Number	NAKAM-65802

OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

[illegible]

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not

¹ Applicant's unique citation designation number

² Applicant is to place a check mark here if English language Translation is attached.

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